

ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT

SHADED AREAS FOR ASSESSOR'S USE ONLY

FARM OR RANCH NAME _____ TAXPAYER / ACCOUNT NUMBER _____

SECTION 3:

ASSESSOR'S USE ONLY	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS
	A	B	C	D	E	G	J	L	N
	TBL #	TBL #	TBL #	TBL #	TBL #	TBL #	TBL #	TBL #	TBL #
	LIFE	LIFE	LIFE	LIFE	LIFE	LIFE	LIFE	LIFE	LIFE

SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31 OF THE PREVIOUS YEAR. ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE AND THE YEAR OF ACQUISITION FOR ALL PROPERTY DELETED DURING THE PRIOR YEAR.

SCHEDULE	A	B	C	D	E	G	J	L	N
YEAR OF ADDITIONS OR	OFFICE FURNITURE AND EQUIPMENT	MACHINERY AND EQUIPMENT SELF-PROPELLED	MACHINERY AND EQUIPMENT NOT SELF-PROPELLED	DAIRY EQUIPMENT	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	COPYING EQUIPMENT	LASER CONTROLS	SADDLES AND HAND TOOLS ON HAND DECEMBER 31

ADDITIONS:	YEAR								
QUALIFIED									
NON-QUALIFIED									
QUALIFIED									
NON-QUALIFIED									

	ACQUISITION	YEAR	DESCRIPTION	ACQUISITION COST	ADDITION OR DELETION	TABLE NO.	LIFE
SCHEDULE F: OTHER PROPERTY	QUALIFIED						
	NON-QUALIFIED						
SCHEDULE H: LEASEHOLD IMPROVEMENT	QUALIFIED						
	NON-QUALIFIED						

DELETIONS:	YEAR								
20 ____									
20 ____									
20 ____									
20 ____									
19 ____									

DESCRIPTION	QUANTITY ON 12/31	CODE	DESCRIPTION	QUANTITY ON 12/31	CODE

SCHEDULE M: TAXABLE ANIMALS AND LIVESTOCK (SEE INSTRUCTIONS BEFORE COMPLETING)

SECTION 5: ADDITIONAL INFORMATION REQUIRED.

LEASED OR RENTED PROPERTY: Attach a list of all leased or rented property in your possession.

UNOWNED PROPERTY: Attach a list of property located at your place of business which you do not own, lease, or rent.

GOVERNMENT OWNED LAND: If located on government property, attach a list providing the governmental owner's name and address.

SECTION 6: AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION

By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of undersigned, and it is verifiable from records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed the first \$_____ of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

Print Name of Property Owner or Authorized Agent _____

Date _____

Name of County in which you are Claiming Exemption _____

Signature of Property Owner or Authorized Agent _____

Phone _____

SUPPLEMENTAL INFORMATION ATTACHED: YES _____ NO _____

TAXPAYER RETURN ORIGINAL FORM AND COPY BOTH SIDES FOR YOUR FILES